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<b>SERIAL NUMBER</b> 10/781,150	<b>FILING OR 371(c) DATE</b> 02/17/2004 <b>RULE</b>	<b>CLASS</b> 318	<b>GROUP ART UNIT</b> 2837	<b>ATTORNEY DOCKET NO.</b> 157438-0005
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *RI*

This appln claims benefit of 60/452,695 03/06/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none, RI*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Potter</i> Initials <i>RI</i>				

## ADDRESS

1622

## TITLE

Medical tele-robotic system with a head worn device

<b>FILING FEE RECEIVED</b> 2372	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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